

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>04-MAY-2015</b>		TIME <b>00:50:00</b>	2. ADDRESS OF OCCURRENCE <b>5555 W GRAND AVE CHICAGO, IL 60639</b>			3. LOCATION CODE <b>281</b>	4. BEA/INDOCUR <b>2615</b>					
<b>MEMBER INVOLVED</b> <input type="checkbox"/> DNA	5. POSITION <b>9161</b>	6. LAST NAME <b>MCNALLY</b>	7. FIRST NAME <b>PETER J</b>	8. STAR NO. <b>17583</b>	9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	10. RACE CODE <b>WH</b>	11. AGE <b>508</b>	12. HT. <b>175</b>	13. WT. <b>508</b>			
	14. DATE OF APPT <b>30-NOV-2012</b>	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT <b>025 2502</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	20. LAST NAME <b>GAMA</b>	21. FIRST NAME <b>MIGUEL</b>	22. M.L. <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	23. SEX <b>WWH</b>	24. RACE <b>14-MAY-1987</b>	25. D.O.B. <b>508</b>	26. HT. <b>260</b>	27. WT. <b>260</b>				
	28. ADDRESS <b>2520 N NEW ENGLAND AVE CHICAGO, IL 60707</b>		29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Hospitalized <input type="checkbox"/> 03 Not Hospitalized <input type="checkbox"/> 04 Refused Medical Aid	36. CHARGES PLACED <b>720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4</b>	37. CB NO. <b>19108269</b>	38. IR NO. [REDACTED]	DNA [REDACTED]				
	39. SUBJECT'S ACTIONS <input type="checkbox"/> DNA		40. ASSAULTANT: RESISTER <input checked="" type="checkbox"/> PASSIVE RESISTER  DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		41. ASSAULTANT: ASSAULT <input checked="" type="checkbox"/> ACTIVE RESISTER  PLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		42. ASSAULTANT: BATTERY <input checked="" type="checkbox"/> ASSAULTANT: ASSAULT  IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		43. ASSAULTANT: DEADLY FORCE <input checked="" type="checkbox"/> ASSAULTANT: BATTERY  ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		44. USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____	
	45. MEMBER'S RESPONSE <input checked="" type="checkbox"/> DNA		46. MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS ESCORT HOLDS WRIST LOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHMICAL WEAPON W/AUTHORIZATION OTHER _____		47. MEMBER'S RESPONSE <input checked="" type="checkbox"/> MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRIST LOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHMICAL WEAPON W/AUTHORIZATION OTHER _____		48. MEMBER'S RESPONSE <input checked="" type="checkbox"/> MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRIST LOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHMICAL WEAPON W/AUTHORIZATION OTHER _____		49. MEMBER'S RESPONSE <input checked="" type="checkbox"/> MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLDS WRIST LOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHMICAL WEAPON W/AUTHORIZATION OTHER _____		50. ADDITIONAL INFORMATION	
	51. POSITION [REDACTED]		52. STAR NO. [REDACTED]	53. UNIT [REDACTED]	54. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		55. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	56. WEATHER CONDITIONS <b>RAIN</b>				
	57. TASER/CART ID NO. [REDACTED]		58. WEAPON SERIAL NO. (Include Letters) [REDACTED]	59. CHICAGO GUN REG. NO. [REDACTED]	60. IL FIREARM OWNER ID NO. [REDACTED]	61. HANDGUN CERTIFICATE NO. [REDACTED]						
	62. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		63. PROPERTY INVENTORY NO. [REDACTED]	64. TYPE OF AMMUNITION USED [REDACTED]	65. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]	66. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]						
67. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		68. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	69. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	70. HOW WAS MEMBER'S HANDGUN/WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	71. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
72. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		73. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		74. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		75. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]						
76. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC		77. CPIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		78. REVIEWING SUPERVISOR (Print Name) <b>O'DONNELL, JOHNNY</b>		79. STAR NO. <b>2018</b>	SIGNATURE [REDACTED]	80. DATE REVIEWED <b>04-MAY-2015 03:20:49</b>	81. TIME <b>04-MAY-2015 03:20:49</b>			
82. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.												
83. REPORTING MEMBER (Print Name) <b>MCNALLY, PETER J</b>		STAR NO. <b>17583</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>04-MAY-2015 03:20:49</b>		TIME <b>04-MAY-2015 03:20:49</b>				
84. REVIEWING SUPERVISOR (Print Name) <b>O'DONNELL, JOHNNY</b>		STAR NO. <b>2018</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>04-MAY-2015 03:20:49</b>		TIME <b>04-MAY-2015 03:20:49</b>				

1512314094

7/1. R.O. NO.

H246134

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  N/A  REFUSED  INTERVIEW NOT CONDUCTED (Specify Reason)

Subject repeatedly screamed that he wanted his phone call.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

The Officer was within Department Guidelines on the Use of Force.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/JRHO \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

PLATT, MARY E

SIGNATURE

DATE COMPLETED

TIME

04-MAY-2015 03:25:46

79. TOTAL TRRs THIS EVENT No.